

NAVY AND MARINE CORPS PUBLIC HEALTH CENTER **UPDATE**



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NEPMU-7 Celebrates During Commissioning Ceremony

By: Navy Environmental and Preventive Medicine Unit 7 Public Affairs



Surgeon General of the Navy Vice Adm. Matthew Nathan speaks to personnel assigned to NEPMU-7 and guests at a commissioning ceremony reestablishing the unit. (Photo by: Chief Mass Communication Specialist William Clark)

Vice Adm. Matthew Nathan, Navy Surgeon General and Chief of Bureau of Medicine and Surgery (BUMED), joined Navy Environmental and Preventive Medicine Unit 7 (NEPMU-7) in Rota, Spain for a recommissioning and ribbon-cutting ceremony, June 20.

Capt. Juliann Althoff, NEPMU-7 officer in charge, welcomed personnel and guests, including several distinguished visitors, to the ceremony and thanked BUMED, U.S. Navy Forces Europe and Africa (NAVEUR), Navy and Marine Corps Public Health Center (NMCPHC), and Naval Station Rota for their work in helping the unit reestablish following an eight-year hiatus. Previously disestablished in September 2006, NEPMU-7 will once again provide a comprehensive range of public health and preventive medicine services to customers within the Africa and Europe areas of responsibility. The re-establishment of NEPMU-7 included a change of venue from its former location in Sigonella, Italy to its new home in Rota, Spain.

During her remarks, Capt. Althoff emphasized NEPMU-7's mission to support the fleet and deployed forces through its public health initiatives and services.

"You are looking at Navy Medicine's latest asset, a forward based preventive medicine unit, the first Navy Medicine unit to be stood up in recent memory," said Capt. Althoff, "This ceremony represents the return of NEPMU-7, a unit first commissioned almost 60 years ago. It pays tribute to the unit's rich history while looking forward to the promise of its bright future here in Rota."

"We are designed to be responsive while maintaining a small footprint, able to quickly deploy small capability-based teams throughout the theater in support of deployed forces," said Capt. Althoff.

"What this unit represents are thousands and thousands of people they'll never see. Why won't you see them? Because you won't have to, because they won't be ill. You won't have to because they'll be out performing the mission. And they won't need to be brought in and tended to," said Vice Adm. Nathan. "Until you've suffered something from the environment around you, you can't appreciate what these people do. They're agile, they're experts and they're going to be out there and they're going to keep us in our job."

To learn more about NEPMU-7 click [here](#).

INSIDE THIS ISSUE

Summer 2014

WELCOME

From the Commanding Officer's Desk **2**

PROGRAM SPOTLIGHT

Health Analysis Launches Interactive Sleep Study Referral Tool to Improve Care and Reduce Costs **3**

HEALTH PREVENTION

Chikungunya Virus Detected in the United States **4**

HEALTH REGULATIONS

NEPMU-6 Provides Training on New Joint-Service Food Safety Standards **5**

OEM Releases Guidance on New Commercial Driver Medical Examiner Requirements **6**

Industrial Hygiene Maintains Field Operations Manual **6**

HEALTH PROMOTION

Publicized Sobriety Checkpoint Programs Systematic Review **7**

Health Promotion and Wellness Staff Attend the Wounded Warrior Team Navy Trials **8**

HEALTH PROMOTION

Population Health Directorate Participates at the Virginia Public Health Association's Health on the Homefront Conference **9**

NMCPHC Volunteers Participate in Career Day **10**



From the Commanding Officer's Desk



Capt. Michael J. Macinski
Commanding Officer, NMCPHC

Thanks to global events like Pacific Partnership 2014, RIMPAC exercises, and the reemergence of Chikungunya, it's been a typically busy quarter for those of us in the public health arena. In the midst of this, I've begun preparations to leave as Commanding Officer and transition to civilian life. This has given cause for reflection. Beyond a doubt, Navy public health has accomplished and contributed much to Fleet health and readiness in the last few years. I am very proud of the work this organization does, and the extreme quality of work that we do. Our customers are happy, our bosses are happy, and I firmly believe it's because you care deeply about the health and welfare of the Navy and Marine Corps family that we serve. In short, Navy public health professions are the "best of the best".

"Thank You" - to all the past and present NEHC and NMCPHC people that have taught me so much over the years.

Health Analysis Launches Interactive Sleep Study Referral Tool to Improve Care and Reduce Costs

By: NMCPHC Health Analysis Staff

From January 2013 to July 2013, [Naval Medical Center Portsmouth Douglas B. Boice Sleep Lab](#) recognized detrimental sleep referral numbers affecting Sailors, Marines and their beneficiaries' access to care. The clinic was receiving more than 600 monthly sleep study referrals, mostly from primary care physicians, but only 30 percent of patients were diagnosed with Obstructive Sleep Apnea. Further. Due to the high number of referrals, however, 50 percent of patients were experiencing referrals to receive care at civilian facilities. The Boice Sleep Lab and NMCPHC's [Health Analysis Department](#) staff worked together to develop a new sleep study referral tool for providers to reduce the number of unnecessary referrals and the percentage of negative diagnostic sleep studies. Since the referral tool was first implemented in August 2013, sleep study patient acceptance is now more selective, allowing 100 percent of referred active duty Sailors and Marines to receive care. These efforts also save Navy Medicine approximately \$400,000 each month.

Because of this success, the tool is now publically available for military health providers to download from the [Health](#)

[Analysis website](#) with accompanying guidance on how to use it and interpret results, as well as supporting materials and resources. The easy-to-use interactive PDF begins by asking for the patient's symptoms (snoring, hypersomnia, fatigue, gasping for breath). Based on the initial selection, the second question requests a degree and/or timeframe of symptoms. Sometimes, this is an immediate answer; for example, if "Snoring" is selected as the first symptom, the follow up question is "Mild/single complaint or Loud, Continuous snoring for >3 months?" Other times, an answer might require a brief follow up assessment; for example, if "Hypersomnia / Fatigue" is selected as the first symptom, the tool requests that users complete a short questionnaire to determine a

score from the Epworth Sleepiness Scale to move forward.

In most cases, a recommendation and/or referral follows the answer to the third question. Recommendations can include a review of proper sleep habits and methods, a review of sleep strategies for shift workers, or the use of a sleep diary to track habits. If the tool determines that a sleep study is necessary, it presents customizable text to use when creating a referral for the patient. All materials and references are available in screen- and printer-friendly formats. For more information or to download the tool, please visit the [Sleep Study Referral Guidelines](#) page on the Health Analysis website.

Chikungunya Virus Detected in the United States

By: NMCPHC Preventive Medicine Staff and Navy Entomology Center of Excellence (NECE) Staff



Aedes aegypti



Aedes albopictus

The summer months offer service members an opportunity to relax and refresh with family and friends during vacations, barbeques and other outdoor activities. However, warmer temperatures also provide opportunities for mosquitoes that can transmit diseases such as chikungunya.

What is chikungunya?

- Chikungunya (pronounced chi-kun-goonyah) is a mosquito-borne viral disease that is transmitted to humans by infected *Aedes aegypti* or *Aedes albopictus*.
- Chikungunya mosquitoes prefer to feed during daytime and have established populations in many states.
- As of July 18, 2014, 31 states have reported 232 cases of chikungunya in people who have traveled overseas.
- The first locally (originating in the U.S.) acquired cases were reported in July 2014 in Florida.

What are the characteristics of chikungunya ?

- The incubation period usually last between 3 – 7 days and the majority of infected people become symptomatic.
- Acute onset of fever and polyarthralgia are the primary clinical manifestations.
- Joint pain, typically symmetric, occurring in hands and feet.
- Other symptoms can include: headache, myalgia, arthritis, conjunctivitis, nausea/vomiting, and maculopapular rash.

How is chikungunya treated?

Chikungunya infections are generally self-resolving. However, some people may develop long-term effects. Complications are more common in infants younger than a year old, those older than 65, and people with chronic conditions such as diabetes and hypertension. There is no vaccine or specific treatment for this disease.

How can chikungunya be prevented?

The best way to prevent chikungunya is to protect against mosquito bites:

Use mosquito repellent containing 25 – 30% DEET or 20% picaridin.

Wear long-sleeved shirts and long pants when outdoors.

Avoid activity during the early morning and late afternoon when mosquitoes are most active.

When possible remove conditions favorable to mosquito breeding and harborage.

Navy surveillance and reporting

Health care providers should consider chikungunya in patients with acute onset of fever and polyarthralgia. Providers also should consider dengue in their differential diagnosis since dengue and chikungunya viruses are transmitted by the same mosquitoes and have similar clinical features.

Within the DoD, clinical diagnostic testing is available at the USAMRIID Special Pathogens Laboratory and the Navy Infectious Disease Diagnostic Laboratory.

Cases of chikungunya should be reported in the Disease Reporting System Internet (DRSi) as an “Any other unusual condition.”

NEPMU-6 Provides Training on New Joint-Service Food Safety Standards

By: Lt. Cmdr. Chadwick Yasuda



Tri-Service Food Course attendees work in groups to discuss scenarios and provide insight via different experience levels and practices during the two-day training provided by NEPMU-6, Hawaii. (Photos by Petty Officer 1st Class Michael K. Williams)

This May, [NEPMU-6](#) provided training for Navy food service and medical personnel on the latest changes to joint regulations on food safety. A total of eight medical and food service personnel from the Navy, Army and the Marine Corps responsible for conducting facility sanitation inspections, participated in the training. The Tri-Service Food Code (TSFC), scheduled for release later this year, supersedes the current joint regulations on food safety and was the subject of the two-day training.

The TSFC brings together instructions from all branches into a single food safety standard that applies to all military food service personnel and enforced by military food inspectors. The unified code removes any differences between the three military branches approach to food

safety. This helps public health professionals communicate and increases interoperability in the new joint environment.

“The TSFC is important because it brings three separate service manuals under one standard,” said Chief Hospital Corpsman Ivory Barksdale, instructor for the TSFC course. “Although it is based on the Food and Drug Administration (FDA) Food Code, the TSFC implements Department of Defense (DoD) specific food safety standards and that truly focus on the protection of a joint force.”

Over two days, participants learned via classroom lessons and practical exercises. The first day included both food service managers and inspectors, reviewing major changes in the TSFC as compared to current Navy guidance. An interactive second day specifically targeted food service facility inspectors.

Participants in the course included senior enlisted and warrant officers whose broad experience quickly recognized the confusion and inconsistency associated with a joint environment operating under different codes. They provided positive feedback for the course, appreciating the opportunity to discuss these new regulations prior to the TSFC release.

Master Sgt. Clarence Hunt, the 8th Sustainment Command (Theater) Food Service Chief, expressed his support of an all-Services food safety reference while participating in the training. “Having a unified standard will increase our effectiveness as evaluators and increase the quality of food service throughout the military,” said Master Sgt. Hunt.

The TSFC standardizes inspection reports and risk assessments and applies to active duty military, reservists, DoD, contract personnel, and volunteers providing the military food services. The instruction streamlines food contracting services and training for food service managers and inspectors while ensuring food prepared and consumed by the military has a minimized risk for foodborne illness and is of the highest quality possible.

[Email](#) NEPMU-6 for more information on the TSFC course. To learn more about the Food Sanitation and Safety click [here](#).

OEM Releases Guidance on New Commercial Driver Medical Examiner Requirements

By: NMCPHC Occupational and Environmental Medicine Staff

The NMCPHC [Occupational and Environmental Medicine \(OEM\)](#) Department recently issued technical guidance regarding a new regulation from the Federal Motor Carrier Safety Administration (FMCSA) and instruction from BUMED ([BUMEDINST 1500.30](#)) for the newly established National Registry of Certified Medical Examiners (NRCME). This regulation came into effect on May 21, 2014, requiring healthcare practitioners who perform physical examinations of civilian Commercial Motor Vehicle (CMV) drivers in the Department of the Navy (DoN) to be certified and registered with the NRCME.

Currently, any licensed healthcare practitioner can perform physical examinations of CMV drivers and issue a Medical Examiner's Certificate. By issuing the 49 Code of Federal Regulations (CFR) and creating the NRCME, the FMCSA

seeks to ensure that healthcare practitioners are knowledgeable of the physical and mental demands associated with operating a CMV and are equipped to make an appropriate determination as to whether a driver is physically qualified to operate a CMV.

"This new federal regulation is important for public safety and the readiness of our Fleet. Yet, at times it can be difficult for busy Navy Medicine healthcare practitioners to decipher all of the information and understand the different requirements pertaining to DoN civilians and military personnel. Our department published this guidance to provide practitioners with the key information they need to be compliant with the new rules," said Capt. Alan Philippi, OEM Department Head.

To become a certified medical examiner, one must complete an

approved course of training and pass the FMCSA's certification test. While the FMCSA has provided an exemption to the military, the DoD has directed the military branches to meet the minimum standards issued by the FMCSA in Title 49 of the CFR.

It is important to note that the new regulations only apply to those practitioners who provide examinations for DoN civilians. Those who only examine military members are not required to meet the new NRCME requirements but must still be knowledgeable of the 49 CFR physical qualification requirements and are encouraged to participate in an approved course of training.

For more information concerning the new regulations please visit the OEM Department's [Quick Notes webpage](#).

Industrial Hygiene Maintains Field Operations Manual

By: NMCPHC Public Affairs Staff

The NMCPHC [Industrial Hygiene \(IH\)](#) Department develops and maintains expertise on industrial hygiene topics that impact occupational health across the Navy and Marine Corps. IH provides comprehensive management support to the Navy and Marine Corps Industrial Hygiene Program Managers at BUMED, the Navy Medicine (NAVMED) Regions, and United States Marine Corps (USMC) Headquarters (HQ). For example

the IH Program Support Division regularly revises and updates the [Industrial Hygiene Field Operations Manual \(IHFOM\)](#). The IHFOM provides the Navy's standard practice for the technical aspects of industrial hygiene. The manual provides guidelines and provisions to civilian and military industrial hygienists, industrial hygiene technicians and workplace monitors at shore facilities and forces afloat worldwide who

practice industrial hygiene.

The IHFOM is under continuous maintenance and is updated as the state-of-the-art and body of scientific knowledge changes. To see what's new review the IHFOM [Record of Changes](#) (IHFOM ROC.pdf).

If you have questions or need more information, please [email](#) the Industrial Hygiene Department.

Publicized Sobriety Checkpoint Programs Systematic Review

By: NMCPHC Public Affairs Staff



Alcohol-impaired driving is a major public health problem in the U.S., with adults reporting driving after having too much to drink an estimated 112 million times in 2010; impaired male drivers aged 21-34 years accounted for one third of these episodes¹. Approximately one third of all motor vehicle crash fatalities involve an alcohol-impaired driver and in 2012, impaired drivers were involved in 10,322 crash deaths².

Alcohol-impaired crashes cost an estimated \$123 billion in the U.S. in 2012, including cost of quality-of-life losses, medical bills, loss of earnings, property damage, and other components. Each alcohol impaired fatality costs \$5.6 million³.

¹ Bergen G, Shults R, Rudd R. Vital signs: alcohol-impaired driving among adults—U.S., 2010. *MMWR Morb Mortal Wkly Rep* 2011; 60(39):1351–6.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6039a4.htm?s_cid=mm6039a4_w

² National Highway Traffic Safety Administration. Traffic Safety Facts 2012 Motor Vehicle Crashes: Overview. DOT HS 811 856. Washington DC: U.S. Department of Transportation, NHTSA, 2013.

³ Zaloshnja E, Miller TR, Blincoe LJ. Costs of alcohol-involved crashes, U.S., 2010. Paper presented at the 57th Annual Meeting of the

NMCPHC's Mr. William Calvert, Navy's federal liaison to the Community Preventive Services Task Force (CPSTF), and CPSTF co-authors recently published an article, "Publicized sobriety checkpoint programs: a Community Guide systematic review." The CPSTF recommends publicized sobriety checkpoint programs based on strong evidence of effectiveness in reducing alcohol-impaired driving. The review focused on studies that evaluated the effects of publicized sobriety checkpoint programs on alcohol-involved crash fatalities and a systematic search was conducted for studies published between July 2000 and March 2012 that assessed the effectiveness of publicized sobriety checkpoint programs.

CPSTF recommended sobriety checkpoints in 2001 to reduce alcohol-impaired driving. Since the time of the original review and recommendation, appreciation for the importance of including a media campaign as part of a checkpoint program has increased, along with the importance of conducting multiple checkpoints over a period of time. The main objective of the current systematic review was to determine the effectiveness of publicized sobriety checkpoint

Association for the Advancement of Automotive Medicine Conference: 2013 September; Quebec City, QC, Canada.

programs in reducing alcohol-involved crash fatalities. The economic costs and benefits of the intervention were also assessed. Additionally, the original review identified several evidence gaps in factors related to effectiveness, including the number of staff employed and the optimal level of media coverage. The present review sought to examine the impact of those factors on effectiveness along with the economic costs and benefits of the intervention.

CPSTF findings indicate strong evidence of the effectiveness of publicized sobriety checkpoint programs in reducing alcohol involved crash fatalities.

Economic evidence showed that these programs also have the potential for substantial cost savings. Stratified analysis of the impact of various factors on intervention effectiveness showed evidence of value for high-risk populations and differing checkpoint configurations. For example, publicized sobriety checkpoint programs are effective among high-risk populations of men aged 21–34 years and college students.

Click [here](#) for additional findings and to read the review in its entirety. Visit the NMCPHC Health Promotion and Wellness department's [Preventing Drug Abuse and Excessive Alcohol Use](#) webpage for excessive alcohol use resources.

Health Promotion and Wellness Staff Attend the Wounded Warrior Team Navy Trials

By: NMCPHC Public Affairs Staff



U.S. Navy photo by Mass Communication Specialist Seaman Kris R. Lindstrom

This June, the Wounded Warrior Team Navy Trials were held in Norfolk, Va. The event was jointly sponsored by Commander, Navy Region Mid-Atlantic (CNRMA), Navy Wounded Warrior (NWW) - Safe Harbor, and the Navy and Coast Guard's wounded warrior support program. Several staff from the NMCPHC Health Promotion and Wellness (HPW) department attended Navy Trial events and heats. Attending the events allowed staff members to see firsthand adaptive sports and provided a unique perspective on those who are wounded, ill or injured.

Over a week long period 65 wounded warrior athletes, drew more than 700 local spectators, making it the largest adaptive athletics event ever hosted by NWW. Seriously wounded, ill and injured (WII) service members competed in archery,

shooting, swimming, seated volleyball, cycling, track and field, and wheelchair basketball events. Gold, silver and bronze medals were awarded to the top three athletes in the heats within each sport.

The Wounded Warrior Navy Trials are a precursor to the Warrior Games, an annual athletic competition hosted by the U.S. Olympic Committee that brings together more than 200 wounded warriors from all branches of military service. Forty sailors have been chosen from the trials to represent Team Navy in the fifth annual Warrior Games in Colorado Springs later this year.

The 2014 Team Navy roster includes a diverse collection of athletes with incredibly varied backgrounds and skill sets. It brings together retired and

active duty service members from around the country, from both the enlisted and officer communities with upper-body, lower-body and spinal cord injuries; serious illnesses; traumatic brain injuries; visual impairments; and post-traumatic stress disorders.

The HPW team will use the information and insights gathered during the trials to advance customized resources and materials for the WII population. Click [here](#) to learn more about NMCPHC WII program.

Population Health Directorate Participates at the Virginia Public Health Association's Health on the Homefront Conference

By: NMCPHC Health Analysis Staff

On June 16, 2014, members of the [Health Analysis Department](#) and the [EpiData Center \(EDC\)](#) participated in the [Virginia Public Health Association's Health on the Homefront Conference: Addressing the Health Needs of Members of the U.S. Armed Forces, Veterans and Their Families](#), an event that promoted and examined the health and well-being of service members, veterans and their families.

The conference was held locally at the Hampton Roads Convention Center to accommodate participation from across the state. Nearly 2.4 million people, or one in four Virginia residents, are active duty service members, veterans or military family members. Content focused on a variety of topics including behavioral health, public health, Force/Fleet readiness surveillance, suicide prevention, addiction, malaria prevention, survivor assistance and posttraumatic stress disorder.

Participants were invited to learn, contemplate, deliberate and exchange ideas about military health challenges, strengths and solutions.

Health Analysis delivered presentations on traumatic brain injury, quality of care measures and other WII topics. In addition to four break-out sessions, Health Analysis had four posters on display.

EDC hosted eight sessions discussing topics such as mental healthcare utilization, the development of a Navy and Marine Corps WII Registry, and various epidemiological surveillance efforts.

Participation in this local conference supports Navy Medicine's mission, reinforces NMCPHC's support for the local community and raises awareness of the quality of work the Population Health Directorate performs.



Health Analysis posters on display



Epidemiologist Aria Kwamin gives a presentation on Mental Health Care

The NMCPHC Population Health Department optimizes Force Health Protection and readiness by providing epidemiologic services in support of the Navy's diseases and injury prevention programs, analyzing clinical data and providing feedback on quality and availability of care. To learn more, visit the [Population Health webpage](#).

NMCPHC Volunteers Participate in Career Day

By: NMCPHC Public Affairs Staff



Left to Right: Mr. Anthony Carotenuto, NMCPHC Preventive Medicine; Lt. Nina Paddock, NMCPHC Preventive Medicine; Chesapeake Mayor Alan Krasnoff; SCA President Kendal Gray, Mrs. Suzette Carotenuto

On May 16th, Staff from NMCPHC spoke with Crestwood Intermediate School students in Chesapeake, Va. at their annual career day event.

Lt. Nina Paddock and Mr. Tony Carotenuto, NMCPHC [Preventive Medicine](#) staff, addressed children from grades three through five, on the various fields of public health and how these professions touch the lives of military

service members and their families.

According to Mrs. Suzette Carotenuto, Crestwood Intermediate's Guidance Counselor, Career Day is an opportunity to educate and expose students to possible career choices.

"Making what they learn everyday tangible in the future. We love having the military represented since 20 percent of our students are children of military parents," said Mrs. Carotenuto, "It is good for them and all the students to see the wide ranges of careers offered by all the branches of the military."

Click [here](#) to find out more about public health in the Navy.